

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 249A.4 and 249N.2, the Department of Human Services hereby amends Chapter 74, "Iowa Health and Wellness Plan," Iowa Administrative Code.

These amendments change the definition of "medical home" and add definitions of "personal provider," "primary care provider" and "primary medical provider" to rules pertaining to the Iowa Health and Wellness Program (IHAWP). The clarification of these terms will allow Iowa Health and Wellness members to access a personal provider who will be able to coordinate care to meet the member's medical needs.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 3375C** on October 11, 2017. The Department received no comments during the public comment period. These amendments are identical to those published under Notice of Intended Action.

The Council on Human Services adopted these amendments on December 13, 2017.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code sections 249A.4 and 249N.2.

These amendments will become effective February 7, 2018.

The following amendments are adopted.

ITEM 1. Amend rule **441—74.1(249A,85GA,SF446)**, definition of "Medical home," as follows:

"Medical home" means a ~~provider contracted with the department through Form 470-5177, Agreement for Participation as a Patient Manager in the Iowa Health and Wellness Plan (Wellness Plan).~~ team approach to providing health care that originates in a primary care setting; fosters a partnership among the patient, the personal provider, and other health care professionals, and where appropriate, the patient's family; utilizes the partnership to access and integrate all medical and nonmedical health-related services across all elements of the health care system and the patient's community as needed by the patient and the patient's family to achieve maximum health potential; maintains a centralized, comprehensive record of all health-related services to promote continuity of care; and has all of the following characteristics:

1. A personal provider.
2. A provider-directed team-based medical practice.
3. Whole person orientation.
4. Coordination and integration of care.
5. Quality and safety.
6. Enhanced access to health care.
7. A payment system that appropriately recognizes the added value provided to patients who have a patient-centered medical home.

ITEM 2. Adopt the following **new** definitions of "Personal provider," "Primary care provider" and "Primary medical provider" in rule **441—74.1(249A,85GA,SF446)**:

"Personal provider" means the patient's first point of contact in the health care system with a primary care provider who identifies the patient's health-related needs and, working with a team of health care professionals and providers of medical and nonmedical health-related services, provides for and coordinates appropriate care to address the health-related needs identified.

"Primary care provider" includes but is not limited to any of the following licensed or certified health care professionals who provide primary care:

1. A physician who is a family or general practitioner, a pediatrician, an internist, an obstetrician, or a gynecologist.
2. An advanced registered nurse practitioner.

3. A physician assistant.
4. A chiropractor.

“Primary medical provider” means a personal provider trained to provide first contact and continuous and comprehensive care to a member, chosen by a member or to whom a member is assigned under the Iowa health and wellness plan as the member’s primary medical provider.

[Filed 12/13/17, effective 2/7/18]

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EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 1/3/18.